

Office Use Only

Date Received _____ Amt \$ _____ Check # _____

Received By _____ Receipt # _____

Issued Date _____ FH Reg # _____ Expiration Date _____



Austin/Travis County Health & Human Services Department
Public Health & Community Services Division
Environmental & Consumer Health Unit

PO BOX 1088 Austin, TX 78767 Phone (512) 978-0300 Fax (512) 978-0322

http://www.ci.austin.tx.us/health/commercial_food_handler.htm



Walk-in Location: 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (No Mail Accepted here)

FOOD HANDLER REGISTRATION RECIPROCITY APPLICATION

(Please Print)

Name: _____
Last First

As it appears on the Drivers License or Government issued Photo ID provided to us.

Drivers License or Government Issued Photo ID: _____

Type of ID

ID #

Home Address: _____

STREET

APT #

CITY

STATE

ZIP CODE

Mail registration card to: _____

STREET

APT #

CITY

STATE

ZIP CODE

Phone Number: _____ **EMAIL:** _____

Date of Birth _____

A) _____ I am certified through an accredited **Texas Department of State Health Services** Food Handler education or training program and need to register with the Austin/Travis County HHSD.

Enclosed are:

1) \$10.00

2) A copy of my **Food Handler** certificate from: _____

3) A COPY OF MY CURRENT GOVERNMENT ISSUED PHOTO ID

B) _____ I have lost my Food Handler Registration and need a copy of it.

Enclosed are:

1) \$5.00

2) A COPY OF MY CURRENT GOVERNMENT ISSUED PHOTO ID .

Cash, Check, Money Order, MasterCard, Visa, & Discovery Card accepted. Checks payable to *Austin/Travis County Health & Human Services or A/TCHHSD*. Mail to: ECHU, Food Handler, PO Box 1088 Austin, Texas 78767. Or fax application & credentials to 978-0322 & pay by phone at 978-0300. **Walk-in Location:** 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance.

No refunds for any reason after 180 days from receipt of payment.

Applicant's Signature

Print Name

Date